



Respiratory Care Board of California

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ARNOLD SCHWARZENEGGER, Governor

EMPLOYER ACKNOWLEDGMENT

As a condition of probation, the respiratory care practitioner (RCP) is required to inform an employer (generally his/her supervisor and facility administrator or respiratory care department director), and any subsequent employer during the probation period, of the discipline imposed by providing the employer with a copy of his/her Decision and Order and Accusation or Statement of Issues. These documents are public record. The RCP must further ensure his employer acknowledges the receipt of the Decision and Order and Accusation or Statement of Issues by completing and submitting this form to the Respiratory Care Board.

Name of Probationer: _____

Probationer's Position/Title: _____ Date of Hire: _____

Employer Name: _____

Employer Address: _____

Employer Main Telephone: _____

Employer Dept. Telephone: _____

Current Supervisor(s): _____

Respiratory Care Dept. Director: _____

Hospital Administrator: _____

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|----|--|--|
| 1) | As the employer, did the probationer provide you with a hard copy of his/her Decision and Order in this case? | YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] |
| 2) | As the employer, did the probationer provide you with a hard copy of his/her Accusation or Statement of Issues in this case? | YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] |
| 3) | As the employer, are you aware that the probationer has been issued a probationary pocket license that you may request he/she produce? | YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] |

I certify that I am the above-named probationer's supervisor, manager, or administrator as designated by my employer and that I have completed this report. Further, I have retained a copy of this report for my records and have provided a copy to the Human Resources Department.

Print Name

Print Title

Signature

Date

PLEASE MAIL ALL ORIGINAL FORMS DIRECTLY TO THE BOARD, INCLUDING WHEN PROVIDING A COPY BY FACSIMILE.